

Satisfactory Academic Progress (SAP) Appeal for Financial Aid

Federal regulations require that institutions of higher education monitor the academic progress of each applicant for federal financial assistance and that the institution certify the applicant is making satisfactory academic progress toward earning his/her degree. This determination of progress is made at the end of the academic year in May.

STUDENT INFORMATION:	
Full Name:	Oasis ID:
Address:	
City/State/Zip:	Email:
Home Phone:	Cell Phone:
Please indicate why you need to appeal for financial aid. (Y selected from the following list:	ou can review your academic history on OASIS) More than one item may be
☐ I did not pass 67% of the cumulative total credits attempt	ed and am not meeting the completion ratio requirement.
$\hfill \square$ My cumulative grade point average is below the 2.0 requir	ement.
\square My total credits attempted have exceeded 150% of the red	uired coursework or 180 hours for my undergraduate degree.
☐ This is my first SAP appeal submission.	
3. Documentation of the extenuating circumstances. Extenuat for each family member, statement from an employer describ	mstances, how the circumstances have been addressed, and your college goals. ing circumstances must be documented, e.g. hospitalization records, death certificate
minimum requirements for Satisfactory Academic Progress at	ee will review your complete enrollment record. You must be able to achieve the the end of the probation period or have demonstrated significant improvement in schieving minimum requirements for SAP or demonstrated improvement is unlikely or
The Appeals Committee will notify you of the decision by mail	and e-mail to the address recorded on the appeal form.
The decision of the Appeals Committee is final and is made w within the required timeframe.	ithin the spirit of the federal regulations that you are able to complete your degree
My signature certifies the validity of the information submitted of Financial Aid to verify any information submitted for this ag	d on this form and in all related attachments. My signature also authorizes the Office opeal.
Signature:	Date: